BEFORE THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY

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IN THE MATTER OF:

the State of Arizona

Marc Brian Grant, D.O.

Holder of License No. 1609

For the practice of osteopathic medicine in

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Case No.: DO-17-0085A

INTERIM CONSENT AGREEMENT AND ORDER FOR PRACTICE RESTRICTION & EVALUATION

INTERIM CONSENT AGREEMENT

By mutual agreement and understanding, between the Arizona Board of Osteopathic Examiners in Medicine and Surgery ("Board") and Marc Brian Grant, D.O. ("Respondent"), the parties agree to the following interim disposition of this matter.

- 1. Respondent has read and understands this Interim Consent Agreement and the stipulated Interim Findings of Fact, Interim Conclusions of Law and Interim Order ("Interim Consent Agreement"). Respondent acknowledges that he has the right to consult with legal counsel regarding this matter and has done so or chooses not to do SO.
- 2. By entering into this Interim Consent Agreement, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the interim matters alleged, or to challenge this Interim Consent Agreement in its entirety as entered into with the Board, and waives any other cause of action related thereto or arising from said Interim Consent Agreement.
- 3. This Interim Consent Agreement is not effective until approved by the Board as evidenced by the signature of its Executive Director.

- 4. Respondent admits to the Interim Findings of Fact and Interim Conclusions of Law contained in this Interim Consent Agreement.
- 5. This Interim Consent Agreement, or any part thereof, may be considered in any future disciplinary action against Respondent.
- 6. This Interim Consent Agreement does not constitute a dismissal or resolution of this or other matters currently pending before the Board, if any, and does not constitute any waiver, express or implied, of the Board's statutory authority or jurisdiction.
- 7. All admissions made by Respondent are solely for interim disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by Respondent are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding or civil or criminal court proceedings, in the State of Arizona or any other state or federal court.
- 8. Upon signing this agreement, and returning this document (or a copy thereof) to the Board's Executive Director, Respondent may not revoke the acceptance of the Interim Consent Agreement. Respondent may not make any modifications to the document. Any modifications to this original document are ineffective and void unless mutually approved by the parties.
- 9. This Interim Consent Agreement, once approved and signed, is a public record that will be publicly disseminated as a formal action of the Board and will be reported to the National Practitioner Data Bank and to the Board's website.
- 10. If any part of the Interim Consent Agreement is later declared void or otherwise unenforceable, the remainder of the Interim Consent Agreement in its entirety shall remain in force and effect.

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11. If the Board does not adopt this Interim Consent Agreement, (1)
Respondent will not assert as a defense that the Board's consideration of the Interim
Consent Agreement constitutes bias, prejudice, prejudgment or other similar defense;
and (2) the Board will not consider content of this Interim Consent Agreement as an
admission by Respondent.

REVIEWED AND ACCEPTED THIS 24 DAY OF May, 2018.

Marc Brian Grant, D.O.

JURISDICTIONAL STATEMENT

- 12. The Board is empowered, pursuant to A.R.S. § 32-1800, *et seq.* to regulate the licensing and practice of osteopathic medicine in the State of Arizona.
- 13. Respondent holds license No. 1609 issued by the Board to practice as an osteopathic physician.

INTERIM FINDINGS OF FACT

- 14. On March 27, 2017 the Board received a complaint from a Pharmacist, MM, that alleged, "extremely troubling Suboxone prescribing" by Respondent relative to patient FG. Case DO-17-0085A.
- 15. The Board held an Investigative Hearing on this matter on October 14, 2017. Respondent appeared personally and on his own behalf. The Board continued the investigative hearing and requested staff perform a review of additional patient charts.

- 16. A review of the records in this matter and testimony from the Respondent suggest that Respondent exercised poor professional judgment resulting in unprofessional conduct in his prescribing of controlled substances, including medication assisted therapy with Suboxone, which may impact his ability to safely practice medicine and jeopardize the safety of those patients and the public.
- 17. The Board's medical consultant performed a pharmacy audit and record review.
- 18. Two additional medical consultants reviewed the records. All three found deviations in the standard of care.
- 19. Records provided indicate that patient FG sought to fill his Suboxone prescription early, was paying cash, and the prescription was missing a signature and security measures. There were several missing components of the patient's record including, no outside medical records were provided, no urine drug screen results, no risk stratification of the patient, no diagnostic imaging studies, no informed consent on the risks, benefits and alternatives, no mention of changes in function related to opioid use, no treatment goals, and no mention of filling a prescription for hydrocodone/APAP on 1/20/17 that was not prescribed by Respondent.
- 20. Records provided indicate patient HT, then a 21 year old male, was seen by Respondent for low back pain. No previous medical records were available for review. No pain management agreement was included in the medical record. Multiple urine drug screens were inconsistent yet Respondent continued to prescribe controlled substances. A pharmacy audit was documented but no hard copy was included.

Surgical referrals were discussed but no consults were included in the medical record.

No laboratory test results were included.

- 21. Records provided indicate patient CC was seen by Respondent to discontinue methadone. A pharmacy audit was not noted in the chart nor were results placed in the file. Urine drug screens were not documented in the notes, despite numerous positives. No additional services were offered nor discussions documented. No EKG was performed for the restart of methadone.
- 22. Records indicate concerns by the medical consultants, which resulted in a deviation from the standard of care, including, but not limited to: a) a lack of urine drug tests being completed or placed in the patient's medical record, b) a lack of EKGs being done prior to Methadone being prescribed, c) a lack of urine drug tests being performed on females of child-bearing age or appropriate documentation of pregnancy prevention methods being followed, and d) a lack of medical records containing PMPs, required documentation, and all documentation consistent with the standard of care.
- 23. Dr. Grant appeared before the Board for the continuation of the Investigative Hearing on May 19, 2018. The Board continued to express concern regarding Dr. Grant's manner of prescribing controlled substances and continued the Investigative Hearing in order to obtain additional information through a professional assessment of Dr. Grant.

INTERIM CONCLUSIONS OF LAW

- 24. Pursuant to A.R.S. §32-1800, et seq. the Board has subject matter and personal jurisdiction in this matter.
 - 25. The conduct and circumstances described in paragraphs 19 through 22

above, if proven, constitute unprofessional conduct as defined in the following paragraphs of A.R.S. §32-1854 (5), (6), (21) (36), and (38).

INTERIM ORDER

Pursuant to the authority vested in the Board, and based upon the Interim
Findings of Fact and Interim Conclusions of Law, IT IS HEREBY ORDERED THAT:

- 1. Respondent's license to practice osteopathic medicine, No. 1609, is placed on a practice restriction that requires him to follow the requirements listed below and during such time all medical records involving Respondent's care will be open for Board inspection:
 - a. Respondent may not provide any recommendations, certifications, or prescriptions for marijuana or a medical marijuana card.
 - b. Respondent must conduct or ensure urine drug tests on all patients prescribed schedule II and III controlled substances or Suboxone and the results must be placed in the patient's medical record.
 - c. Respondent must conduct or ensure EKGs are done prior to Methadone being prescribed.
 - d. Respondent must conduct or ensure urine drug tests are being performed on females taking opioids of child-bearing age or appropriate documentation of pregnancy prevention methods being followed.
 - e. Respondent must conduct or ensure medical records contain PMPs, all required documentation, including, but not limited to, documentation consistent with the standard of care and the Respondent's scope of practice to ensure protocols exist relative to patients being prescribed controlled substances.

- Respondent must sign the Interim Consent Agreement by May 25, 2018
 otherwise the case will come back to the Board for the June 2018 meeting.
- 3. Respondent shall undergo a practice assessment by the Physician Assessment and Clinical Education Program ("PACE"), at the University of San Diego (619-543-6770 / www.paceprogram.ucsd.edu) or undergo a physician practice evaluation through The Center for Personalized Education for Physicians ("CPEP") in Denver, Colorado (303-577-3232 or www.cpepdoc.org).
 - a. The evaluation shall be centered on addiction medicine.
 - b. Respondent shall schedule the evaluation within 30 days and notify the Board by and through their Executive Director within 30 days.
 - c. Respondent shall complete the evaluation by August 15, 2018.
- d. Respondent shall cause all reports resulting from the evaluation/assessment to be delivered directly from the evaluator to the Executive Director of the Board no later than August 30, 2018 so that these results may be included in the information that goes before the Board for the September 2018 meeting.
- 4. These restrictions shall remain in place until Respondent appears before the Board to determine if the Board will lift the restriction.
- 5. This is an interim order and not a final decision by the Board regarding the pending investigative file and as such is subject to further consideration and modification by the Board.
- 6. Respondent shall sign such releases as are necessary to ensure that the report(s) of the evaluation and/or assessment are made directly and confidentially to the Executive Director of the Board of Osteopathic Examiners.

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7. <u>Costs:</u> Respondent shall bear all costs incurred regarding compliance with this Order.

8. Any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action and or referral to the appropriate law enforcement agency.

By:



ISSUED THIS 23rd DAY OF May, 2018. STATE OF ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY

Amber Brake, Executive Director

Original filed this 23rd day of May, 2018 with the:

Arizona Board of Osteopathic Examiners In Medicine and Surgery 1740 West Adams Street, Suite 2410 Phoenix, AZ 85007

Copy of the foregoing sent via __fedex__ mail this 24th day of May, 2018 to:

Marc Brian Grant Address of record:

Marc Brian Grant DO 100 West Frontier Street Payson, AZ 85547

A copy sent electronically via email to the address provided by Respondent Copy of the foregoing sent via @ wail

this 23rd day of May, 2018 to:

Anne Froedge, AAG Office of the Attorney General 1275 West Washington Phoenix AZ 85007